

ENTRY FORM

CHRIS LEEMING MEMORIAL AUTOTEST 20th September 2009

The meeting will be held under the general regulations of the MSA (incorporating the provisions of the International Sporting code of the FIA) and the supplementary regulations and any other written instructions that the organising club may issue for the event.

DRIVER DETAILS

Full Name

Tel. No. (day) (Evening)

Address

.....

.....

Postcode Are you a novice YES / NO?

Our Definition of a novice is someone who has not won an award on a similar or higher status event.

E-mail Address (this will speed your results).....

Club

VEHICLE DETAILS

Make Model

Class Engine Capacitycc Colour.....

Will you be sharing the car with another competitor ? YES / NO

If yes Who ?

FEES Please make cheques payable to the "**Huddersfield Motor Club Ltd.**" and post to: -

Richard Davis, 45 Ashbrow Road, Fartown, Huddersfield, HD2 1DX
Tel: 07885 119111

DECLARATION

I have read the supplementary regulations issued for this event and agree to be bound by them and by the general regulations of the Motor Sports Association. In consideration of the acceptance of this entry and of my being permitted to take part in this event, in respect of any parts of the event not held on publicly adopted road, I agree to save harmless and keep indemnified the Motor Sports Association, such person, persons or body as may be authorised by the MSA to promote or organise this event and their respective officials, servants, representatives and agents together with other competitors and their respective servants, Representatives and agents, from and against all actions, claims, costs, expenses and demands in respect of death or injury to or damage to the property of myself, my driver(s), Passenger(s), Mechanic(s) or associated personnel, arising out of or in connection with this entry or my taking part in this event.

I have read the Supplementary Regulations issued for this event and agree to be bound by them and the general regulations of the Motor Sports Association.

Signed Dated

State your age if under 18 years

PARENT / GUARDIAN OF DRIVER To be completed if driver is under 18

This entry is made with my consent:

Name Relationship

Address

.....

.....

Postcode Emergency Tel. No.

Signature

BELOW HERE IS FOR OFFICIAL USE ONLY

D.R.

E.P.

F.R.S.

Comp.#